,	
70 /HE	PLACE OF BIRTH ARIZONA STATE BOARD OF HEALTH
must be made for each, by the attending Physician	County of BUREAU OF VITAL STATISTICS State Index No.
Phy	District of Co. Register No.7.7.
ing ing	Town of Local Registrar's No
mad	or Ille Ward)
be att	City of Oran latte Elea Chella (Value & Born) YES
ust , the	FILL NAME OF CHILD
	If child is not named, make Supplemental Report on blank obtainable from local registrar.
SEFARATE RETURN certificate must be filed after birth.	Sex of Child Twin, Triplet or other and Number in order of birth Legitimate? Child Twin, Triplet or other of birth Legitimate? Date of 1913 1913 1913 1914 1915
14 E. b.d	Full O FATHER Full Mother Maiden
T.E.	Name Selayer Residence Residence
AKA leate blr	Residence Copper Bull
ertification	Color Age at last 2 Color or Race Birthday (Years)
th, a r This co	(Years) Birthplace
o'nth ad. Ti	Birthplace Mo-
a birt ated. iin 5 (Occupation Occupation
ata h, state within	Enginee Howeign of
birt rar	Number of child of this mother Number of children, of this mother, now living Were precautions taken against Ophthalmia neonatorum?
re tnan one cnud a h, in order of birth, s local Registrar wi	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
an order	I hereby certify that I attended the birth of above child; and that it occurred on Tieb 24 191.5, at 1.2 (1.M.)
o to	*When there is no attending physi-} cian or midwife, then the householder (Signature)
유민의	Should make this return.
7,7	Given or christian name added from a Address
number case	supplemental report
-in num wife	Filed May 5 191.5. A True Copy S LOCAL REGISTRAR.
High Miggin	COUNTY REGISTRAR.
Z	